

New Hampshire Children's Trust Fund

95 North State Street #3
Concord NH 03301
(603) 224-1279 Fax (603) 228-7676
Website: www.nhctf.org
Email: info@nhctf.org

The Smith Award

for Excellence in Service to Families

An award recognizing exceptional service to families

Background

Lou and Lutza Smith were philanthropists with a special interest in children and families. Throughout their lives, the Smiths contributed generously to many local, regional, and national charities supporting the welfare of children and families. Upon their deaths, a portion of their estate helped to establish the Lou and Lutza Smith Charitable Foundation, with the goal of continuing their legacy of support.

In 1996, the Smith Foundation awarded the New Hampshire Children's Trust Fund an exceptional gift—part of which endows the Smith Award for Excellence in Service to Families. Five awards of \$15,000 each have been given in 1998, 2000, 2002, 2004 and 2006 to Families First of the Greater Seacoast, Concord Heights Neighborhood Family Center, HUB Family Resource Center of Dover, The Family Resource Center at Gorham and The Grapevine Family and Community Resource Center of Antrim.

In making this Award every two years, the New Hampshire Children's Trust Fund (CTF) seeks to recognize a New Hampshire non-profit organization who excels in all four standards of excellence:

- Exemplifies a philosophy of service that recognizes the inherent value of skillful parenting and healthy families in shaping a child's future
- Demonstrates an organizational capacity to operate family support services in a challenging environment
- Provides a program delivery system of exceptional quality
- Offers leadership in the community

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2008 Application Instructions

Please submit an original Proposal and eleven (11) copies, including all the material requested in Section III, in the order requested. All documents should be 3-hole punched, set for a 3 ring binder.

Former Smith award recipients are not eligible to reapply.

Completed applications must be received by 5 p.m. March 17, 2008, and mailed to:
NH Children's Trust Fund 95 N State Street #3 • Concord, NH 03301

I. COVER SHEET

Complete the information requested (name and address of organization, contact person, phone, fax, email, and a brief description of your organization).

II. NARRATIVE

Please respond as fully and succinctly as possible to the information requested below. Limit the Narrative to no more than four (4) pages, double-spaced, using a 12-point font size. Insert the organization's name at the top of each page of the Narrative.

A. PHILOSOPHY

Tell us how your organization exemplifies a philosophy of primary prevention in service that recognizes the inherent value of skillful parenting and healthy families in shaping a child's future.

B. ORGANIZATIONAL CAPACITY

Demonstrate your organization's capacity to effectively operate family support services in a challenging environment.

C. SERVICE

Describe how your organization provides a program delivery system of exceptional quality.

D. LEADERSHIP

Describe how your program and organization actively demonstrate leadership in the community.

III. ADDITIONAL MATERIALS – One original + eleven (11) copies except where noted *

- A. Copy of organization's service delivery and/or program chart
- B. List of present staff and volunteers with their position titles and organization chart
- C. List of current Board members
- D. Copy of organization's two (2) most recent operating budgets
- E. * One copy only of organization's most recent audited financial statements
- F. * One copy only of IRS 501 (c) most recent 3 non-profit authorization letter

Organizations selected as finalists must be available for a 15-minute Presentation on April 23rd between 1:00 pm and 3:00 pm, AND for the Award Presentation on May 12th. The Smith Award Recipient will also participate in "Best Practices" Workshops, and the selection process for the 2010 Smith Award Recipient.

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2008 Application Cover Sheet

Please attach this sheet to the front of your completed application. Please type or print clearly.

ORGANIZATION:

ADDRESS:

CITY/ZIP:

CONTACT PERSON:

TELEPHONE:

FAX:

EMAIL:

ADMINISTERING AGENCY (IF DIFFERENT FROM ABOVE):

SIGNATURE OF AUTHORIZING OFFICIAL

SIGNATURE OF FINANCIAL OFFICIAL
OR CFO OF ADMINISTRATIVE AGENCY

PRINT/TYPE NAME:

PRINT/TYPE NAME:

TITLE:

TITLE:

DATE:

DATE:

PROFILE: Please provide a brief description of your organization:

REFERENCES: Please provide the names and daytime phone numbers of three (3) references (NOT Board or Staff) whom we could contact about your organization's accomplishments.

1) Name:
2) Name:
3) Name:

Telephone:
Telephone:
Telephone: